

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-025009

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6510

STATE FILE NUMBER

JUL 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in 1b
2 daysc. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION
**St. Louis-Little Rock
Hospitals, Inc.**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN**St. Louis**d. STREET
ADDRESS

(If outside, give location)

4243 Neosho

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Elsie

Middle

K.

Last

Notter4. DATE
OF DEATH

Month

June

Day

30

Year

1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-9-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pensar Sec'y

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

MANCHESTER, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

HENRY KROPP

13b. MOTHER'S MAIDEN NAME

WILHELMINA DOEBLER

14. NAME OF HUSBAND OR WIFE

Husband - Ambrose F. NOTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

(If yes, give year or dates of service)

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

65 AMBROSE F. NOTTER 4243 NEOSHO18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.**Left cerebral Thrombosis
Hypertension**INTERVAL BETWEEN
ONSET AND DEATH**2 days****Many years****332X**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-28-62to **6-30-62**and last saw her alive on **6-29-62**

Death occurred at

1.10 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Island & Hasto

22b. ADDRESS

1755 So Grand Blvd

22c. DATE SIGNED

6/30/6223a. BURIAL, CREMATION,
REMOVAL (Specify)**BURIAL**

23b. DATE

7-3-62

23c. NAME OF CEMETERY OR CREMATORY

NEW ST. MARCUS

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

24. FUNERAL DIRECTOR

Kriegshauser

ADDRESS

4228 So Kingshyway

25. DATE REGD. BY LOCAL REG.

JUL 2 1962

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.